



# State of New Hampshire 2014 ANNUAL REPORT

The following information shall be given as of January 1  
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2014

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE  
WILL BE ASSESSED A LATE FEE.

Lotek Wireless Inc.

115 Pony Drive  
Newmarket, ON, Canada, L3Y 7B5

## ADDRESS OF PRINCIPAL OFFICE:

115 Pony Drive  
Newmarket, ON, Canada, L3Y 7B5

## REGISTERED AGENT AND OFFICE:

Incorp Services, Inc.  
152 S Mast Street  
Goffstown, NH 03045

ENTITY TYPE: CORPORATION  
BUSINESS ID: 579705  
STATE OF DOMICILE: OUT-OF-COUNTRY

To provide advanced electronic & monitoring systems used in providing  
bioinformation to the environmental assessment industry (specifically to bid on

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

- ☐ The new mailing address \_\_\_\_\_  
☐ The new principal office address \_\_\_\_\_

PO Box is acceptable.

## OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).  
(MUST LIST AT LEAST ONE OFFICER BELOW)

NAME Jim Lotimer  
STREET 115 Pony Drive  
CITY/STATE/ZIP Newmarket ON L3Y7B5  
NAME Tomasz Lewandowski  
STREET 115 Pony Drive  
CITY/STATE/ZIP Newmarket ON L3Y7B5  
NAME \_\_\_\_\_  
STREET \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_  
NAME \_\_\_\_\_  
STREET \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_  
NAME \_\_\_\_\_  
STREET \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_

## BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).  
(MUST LIST AT LEAST ONE DIRECTOR BELOW)

NAME Jim Lotimer  
STREET 115 Pony Drive  
CITY/STATE/ZIP Newmarket ON L3Y7B5  
NAME \_\_\_\_\_  
STREET \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_  
NAME \_\_\_\_\_  
STREET \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_  
NAME \_\_\_\_\_  
STREET \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

To be signed by an officer, director, or any other person authorized by the board of directors.  
I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: \_\_\_\_\_

Please print name and title of signer: Tomasz Lewandowski, CFO

NAME

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL): \_\_\_\_\_

State of New Hampshire  
Fee - Form 47 - (Corporations) 1 Page(s)

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DISCLOSURE  
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